

**EXHIBITS TO DECLARATION OF ANDRA ALLEN IN SUPPORT OF  
MOTION TO DISMISS FOR LACK OF AND VENUE OR, IN THE  
ALTERNATIVE, TO TRANSFER VENUE; AND MOTION TO DISMISS FOR  
FAILURE TO STATE A CLAIM**  
[Fed. Rules of Civ. Proc. 12(b)(3); 12(b)(6); 28 U.S.C. §§1404 and 1406]

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**EXHIBIT A**

**SCHEDULE C**  
**(Form 1040)**
**Profit or Loss From Business**
**(Sole Proprietorship)**

Sole proprietorship, partnership, or other unincorporated firm

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

▶ Attach to Form 1040 or 1041.

▶ See Instructions for Schedule C (Form 1040).

 04  
 09

Name of proprietor

**ANDRA L ALLEN**

Social security number (SSN)

**A** Principal business or profession, including product or service (see page C-2 of the instructions)

**DIAMOND SALES : DIAMOND JEWELRY**
**B** Enter code from pages C-7, 8, 33

**448310**
**C** Business name, if no separate business name, leave blank.

**FOREVER DIAMONDS**
**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ▶ **7500 W LAKE MEAD DRIVE**

 City, town or post office, state, and ZIP code **LAS VEGAS NV 89128**
**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2004? ☒ Yes ☐ No (see page C-3 for limit on losses)

**H** If you started or acquired this business during 2004, check here ▶

**Part I Income**
**1** Gross receipts or sales. **Caution.** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here. ▶ ☐
**2** Returns and allowances

**3** Subtract line 2 from line 1

**4** Cost of goods sold (from line 42 on page 2)

**5** Gross profit. Subtract line 4 from line 3

**6** Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)

**7** Gross income. Add lines 5 and 6

**Part II Expenses. Enter expenses for business use of your home only on line 30.**
**8** Advertising

**9** Car and truck expenses (see page C-3)

**10** Commissions and fees

**11** Contract labor (see page C-4)

**12** Depreciation

**13** Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)

**14** Employee benefit programs (other than on line 19)

**15** Insurance (other than health)

**16** Interest:

**a** Mortgage (paid to banks, etc.)

**b** Other

**17** Legal and professional services

**18** Office expense

**19** Pension and profit-sharing plans

**20** Rent or lease (see page C-5):

**a** Vehicles, machinery, and equipment

**b** Other business property

**21** Repairs and maintenance

**22** Supplies (not included in Part III)

**23** Taxes and licenses

**24** Travel, meals, and entertainment:

**a** Travel

**b** Meals and

entertainment

**c** Enter nondeductible amount included on line 24b (see page C-5)

**d** Subtract line 24c from line 24b

**25** Utilities

**26** Wages (less employment credits)

**27** Other expenses (from line 48 on page 2)

**28** Total expenses before expenses for business use of home. Add lines 8 through 27 in columns

**29** Tentative profit (loss). Subtract line 28 from line 7

**30** Expenses for business use of your home. Attach Form 8829

**31** Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see page C-6).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

**32a** ☐ All investment is at risk.

**32b** ☐ Some investment is not at risk.

**KBA** For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2004

**EXHIBIT B**

FROM : FOREVERDIAMONDS

FAX NO. : 7022747079

May. 08 2008 10:22AM P4

**Certificate of Business: Fictitious Firm Name**

Please Select One:



New Application



Renewal of existing fictitious firm name

FILED

Please Print or Type

2008 OCT 30 P 2:53

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that ANDRÁ ALLEN  
(Name of individual, corporation, partnership or trust)with mailing address of 7500 W. LAKE MEAD BLVD STE 111, LAS VEGAS NV 89128  
(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of

FOREVER DIAMONDS

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) ANDRÁ ALLEN, PRESIDENT

Full Name and title (Type or Print)

Signature

Date

7500 W. LAKE MEAD BLVD SUITE 111, LAS VEGAS, NV 89128

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(2)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(3)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(4)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

Mail to: Shirley B. Parraguirre, County Clerk, Attn. FFN, P.O. Box 551604, Las Vegas NV 89155-1604  
Includes: Filing Fee of \$20.00, 2 copies and self-addressed stamped envelope

111706

FROM : FOREVERDIAMONDS

FAX NO. : 7022747079

May. 08 2008 10:22AM P3

## NEVADA BUSINESS REGISTRATION

Please read instructions before completing this form. Information on this form must be printed or typed. Please understand that each agency may request additional information particular to the needs of your business in order to act on your application. The completion of this form does not relieve you of any statutory or regulatory requirements relating to your business.

<b>1</b>	<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address	<input type="checkbox"/> Other
<b>2</b>	Corporate Name					Corporate Telephone ( )	
<b>3</b>	Federal Tax Identification Number						
<b>4</b>	Corporate Address: Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt #, City, State, and Zip Code						
<b>5</b>	Doing Business in Nevada as: <b>FOREVER DIAMONDS</b>					Business Telephone: (702) 378-4367	Cellular Telephone: (702) 274-7079
<b>6</b>	Mailing Address: 7500 W LAKE MEAD STE 111 LV NV 89128						
<b>7</b>	Location(s) of Business Operations: 7500 W LAKE MEAD STE 111 LV NV 89128						
<b>8</b>	Location of Business Records: 7500 W LAKE MEAD STE 111 LV NV 89128						
<b>9</b>	Type of Business Entity: <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp <input type="checkbox"/> Publicly-Traded Corp <input type="checkbox"/> Privately-Held Corp <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other						
<b>10</b>	Name of All Owner(s), Partners, Corporate Officers, Members, etc. Attach additional sheets if necessary. (If individual ownership, list only one owner.)						
	Owner, Partner, Officer, Member, etc. (Last, First, MI): <b>ANDREA ALLEN</b>		Residence Address (Street): <b>3883 RUSKIN LV NV 89147</b>		SSN: <b>556-19-2517</b>	Date of Birth: <b>8-10-62</b>	
	Title: <b>OWNER</b>		Percent Owned: <b>All</b>		City, State, Zip: <b>LV NV 89147</b>		Res. Phone: <b>274-7079</b>
	Owner, Partner, Officer, Member, etc. (Last, First, MI):		Residence Address (Street):		SSN:	Date of Birth:	
	Title:		Percent Owned:		City, State, Zip:		Res. Phone:
	Owner, Partner, Officer, Member, etc. (Last, First, MI):		Residence Address (Street):		SSN:	Date of Birth:	
	Title:		Percent Owned:		City, State, Zip:		Res. Phone:
	Owner, Partner, Officer, Member, etc. (Last, First, MI):		Residence Address (Street):		SSN:	Date of Birth:	
	Title:		Percent Owned:		City, State, Zip:		Res. Phone:
	Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip: <b>LV NV 89147</b>		SSN: <b>?</b>	Res. Phone:	
<b>11</b>	Date Business Started in Nevada: <b>01-12-1-02</b>	Date Business Location Opened:	Date First Worker Hired in Nevada:	Date and Amount of First Nevada Payroll:	Number of Employees:		
<b>12</b>	PLEASE CHECK ALL THAT APPLY						
	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity	<input type="checkbox"/> Supply/Use Temporary Workers	
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Amusement Machines	<input type="checkbox"/> Alcohol	
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales-New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leased or Leasing Employees	<input type="checkbox"/> Gaming	
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales-Used	<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Lessing (Other than Employees)	<input type="checkbox"/> Other--	
	<input checked="" type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit #--		
<b>13</b>	Describe the Nature of Your Business in Detail. Include Type of Product Sold, Labor Performed and/or Services Rendered. <b>SALEING DIAMONDS Wholesale to other wholesalers</b>						
<b>14</b>	IF YOU HAVE ACQUIRED A NEVADA BUSINESS OR CHANGED OWNERSHIP, PLEASE COMPLETE THIS SECTION:						
	Date Acquired:	Acquired by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other			<input type="checkbox"/> In Whole <input type="checkbox"/> In Part		
	Name(s) of Previous Owner(s)		Business Name and ESO Account Number of Previous Owner(s)				
	Address (Street)		City		State		Zip Code
	If you have had a sales/use tax permit number before, please enter it here						
<b>15</b>	I am applying for: <input type="checkbox"/> Unemployment Insurance (Employment Security) <input type="checkbox"/> State Business License <input type="checkbox"/> State Sales/Use Tax Permit <input type="checkbox"/> Local Business License						A copy must be sent to each agency
<b>16</b>	I CERTIFY THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF						
	Signature / Original **			Print Name & Title		Date	
	Signature / Original **			Print Name & Title		Date	

ORIGINAL—KEEP FOR YOUR RECORDS

APP-01.00 Revised 1-23-01

**EXHIBIT C**

RATE SCHEDULE(S) AVAILABLE UPON REQUEST  
GAS SERVICE INFORMATION - RETAIN FOR YOUR RECORDS

For service, bill inquiries, or assistance, call

**Phone: (800) 700-2443**

**Gas leaks: (800) 959-5325**

www.bxgas.com

**Texas Gas Service**

5613 Avenue F

Austin, TX 78751

Worried about winter heating costs? Sign up for the ABC plan today!

Page 1 of 1

<b>Amount Due</b>		
<b>Current Charges Due</b>		
<b>Amount Due After Due Date</b>		
<b>Account Number</b>		
Rate	AUST O/S RES	
Active Deposit	NONE	Statement Date 11-27-06

AUSTIN, TX 78732-2401

Previous Balance

Balance Forward

Customer Charge

Delivery Charge

Cost Of Gas

Relocation Cost Recovery

Current Charges

**Total Amount Due**

*phillips*

Meter or Station Number	Service Period From To	Number of Days	Meter Readings Previous Present	Constant	Ccf Billed	WNA/ Ccf	Cost of Gas/Ccf
026H318812	10-14-06 11-13-06	30	11 37	1.0000	26.000		\$0.9221300





ANDRA MR ALLEN

AUSTIN, TX 78732

Statement Date: 12/05/2006

Date Due: 12/27/2006

We appreciate your business.

PowerLink Number: 00171692

Account Number	Previous Balance	Payments	Adjustments	Current Activity	New Balance
5505069-4					

Your New Balance is made up of your Previous Balance, Payments, Adjustments and Current Activity.

Current Activity    Electric .....

TOTAL CURRENT ACTIVITY .....

**Questions?**

For questions about this BILL, call the City of Austin Utility Customer Service: 512-494-9400 or toll free at 1-888-340-6465 or 512-477-3663 TDD. Se Habla Español.

To report an electrical **OUTAGE**, call 512-322-9100 and enter your PowerLink number.

For 24-hour **Water & Wastewater EMERGENCY ASSISTANCE**, call 512-972-1000 or 512-972-1298 TDD.

To see your utility bills or make payments online, go to [www.coautilities.com](http://www.coautilities.com). For other City of Austin information, go to [www.ci.austin.tx.us](http://www.ci.austin.tx.us).

**Read Dates**

▶ Next meter read date will be on or about 12-29-06.

**Street Services**

▶ If you are over 65 or do not drive/own a vehicle or this property is vacant, you may qualify for an exemption to the Transportation User Fee.

**CAP**

▶ Customer Assistance Program (formerly Plus+1) - To those of you that can, please donate \$2, \$3, or any amount to help your neighbors in need with their utility bill payment(s).